

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1	1				
3	2					
4	2					
5						
6						
7	2					
8	1					
9	1					
10	1					
11	1					
12	4					
13	1					
14	1					
15	1					
16	1					
17	1					
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

5
20
25

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

5
20
25